

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

FILED Fax Number : (850) 617-6380 Feb 08, 2010 08:00 AM

Secretary of State

From:

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEI

Account Number: 076424003301

Phone : (813)223-7474

Fax Number : (813)227-0435

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

habatte @trenam.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN LEVINE SURGICAL ASSOCIATES, P.A.

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Articles of Amendment to Articles of Incorporation of FILED Feb 08, 2010 08:00 AM Secretary of State

Leving Surce (Name of Corporation as current	GICAL ASSOCIATES,		
		da Debt. of Siste)	
	02562		
(Document Numbe	er of Corporation (if kn	own)	
tursuant to the provisions of section 607.1006, mendment(s) to its Articles of Incorporation:	Florida Statutes, this I	Florida Profit Corporation adopts	the followi
If amending name, enter the new name of the	ie corporation:		
	· · · · · · · · · · · · · · · · · · ·		he new
ame must be distinguishable and contain the bbreviation "Corp.," "Inc.," or Co.," or the de ame must contain the word "chartered," "profes	esignation "Corp," "In isional association," or	ic," or "Co". A professional corp	poration
Enter new principal office address, if applic			
Principal office address M <u>UST BE A STREET</u>	ADOKESS)	, <u> </u>	•
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX		
			
	·		
. If amending the registered agent and/or reg	istered office address	in Florida, enter the name of the	
new registered spent and/or the new register	red office address:		
Name of New Registered Agent:			
THE ALTER WAS DIED BY WAS IT.			•
New Registered Office Address:	(Florida street	address)	
		. Florida	
	(City)	(Zip Code)	
	177	1-1	
ew Recistered Acent's Signature, if changing hereby accept the appointment as registered agei	Registered Agent: nt. I am familiar with	and accept the obligations of the p	osition.
Simula	Ature of New Remisser	ed Agent, if changing	

Page 1 of 3

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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

Title	Name	Address	Type of Action
V, <u>s, d</u>	LeVine, Mitchell	4957 - 38th Avenue North St. Petersburg, FL 33710	Add *** Remove
, <u>s, T, D</u>	LeVine, Steven M.	4957 - 38th Avenue North St. Petersburg, FL 33710	Add Remove
		_	
Amend the	ent to provide as follows:	provided by the By-Laws ado	
sharehol Directo		sed, but shall never be less	then one (1)
provisio	needment provides for an exchange one for implementing the smendme ot applicable, indicate N/A)	reclassification, or cancellation of is at il not contained in the amendment	itself:

•				(((H10000027749 3)))
The date of each amendment	(z) adoption:			
Effective date if applicable:	De	date of a cember 31,	doption is required 2009	0)
- - -	(no more tha	n 90 days after	amendment file da	te)
Adoption of Amendment(s)	e	CHECK ONE)		
X The amendment(s) was/wes by the shareholders was/we			s. The number of v	rotes cast for the amendment(s)
The amendment(s) was/wes must be separately provide	te approved by d for each vot	y the shareholde ing group entitle	us through voting p ed to vote separate	poups. The following statement ly on the amendment(s):
"The number of votes	cast for the am	icadment(s) was	s/were sufficient fo	r approval
by			73	and the second s
	(voting group)		
The amendment(s) was/wer action was not required.	re adopted by	the board of din	ectors without shar	eholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by t	the incorporator	s without sharehol	der action and shareholder
DatedI	December 31	1. 2009		. -
Signature	Steve	WM. L	Stonie, a	
				s or officers have not been
		y by that fiduci		eiver, trustee, or other court
	Stever	n M. LeVine,	, M.D.	
			i name of person s	igning)
		sident and s		
	(Title	of person sign	ing)	